

Amity Williams, LPN  
8/21/2018

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1                   IN THE UNITED STATES DISTRICT COURT  
2                   FOR THE EASTERN DISTRICT OF OKLAHOMA  
3   MICHAEL EDWIN SMITH,                   )  
4                                   Plaintiff,                   )  
5                   -vs-                   )   No. 17-CV-90-RAW  
6   BOARD OF COUNTY COMMISSIONERS,       )  
7   MUSKOGEE COUNTY,                    )  
8   ROB FRAZIER, SHERIFF OF                )  
9   MUSKOGEE COUNTY, in his                )  
10   official capacities,                    )  
11   TURNKEY HEALTH CLINICS, LLC,           )  
12   DOES II THROUGH XX,                    )  
                                  Defendants.                    )  
\_\_\_\_\_

13  
14                   DEPOSITION OF AMITY WILLIAMS, LPN  
15                   TAKEN ON BEHALF OF THE PLAINTIFF  
16                   ON AUGUST 21, 2018  
17                   IN MUSKOGEE, OKLAHOMA

18  
19  
20  
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23  
24

25   REPORTED BY:   KIMI GEORGE, CSR, RMR

1           Q.     Do you recall whether a guard notified you  
2     that he needed to be seen because of a medical  
3     emergency?

4           A.     Yes.

5           Q.     Do you recall who that guard was?

6           A.     I do not.

7           Q.     Can you tell me, if I say -- Maybe you don't  
8     know his name. Do you remember the person's -- his  
9     or her face or what they looked like?

10          A.     At that time? No. I -- Huh-uh.

11          Q.     I'm going to hand you a set of documents in  
12     a minute. These documents, to explain to you,  
13     they're not in -- they're marked with a TK-006, is  
14     the first page, and the last page is actually going  
15     to be TK-23. So, when you look through these, I  
16     don't want you to think that these are in  
17     chronological order from six, but they are actually  
18     in an order I put them in, in terms of medical  
19     records chronologically related to Michael Smith.

20          A.     Okay.

21          Q.     Does that make sense?

22          A.     Yes.

23          Q.     So I don't want that to cause any confusion.

24                 When you first saw Michael Smith, where did  
25     you physically see him?

1 MR. HOWE: Counsel, I'm going to turn to the  
2 list of exhibits that we previously had handed out.  
3 It's Exhibit 1, but it's TK-0004.

4 BY MR. HOWE:

5 Q. Ms. Williams, I'm going to hand you this  
6 document.

7 A. Okay.

8 Q. It's part of Exhibit 1, but it's TK-0004.  
9 Do you recognize that document?

10 A. Yep. Yes.

11 Q. Can you tell me and the jury what that  
12 document is?

13 A. It's a chest pain or indigestion protocol.

14 Q. When you saw Michael Smith -- and I'm  
15 talking about Michael Smith, the non-nurse, but my  
16 client, who's now deceased. When you saw him, what  
17 were his complaints?

18 A. He was complaining that his chest was  
19 hurting.

20 Q. Did he make any other complaints?

21 A. No, sir, other than what I wrote down here,  
22 that his feet was feeling numb.

23 Q. Do you have any training and experience in  
24 terms of determining the significance of a  
25 patient who presents himself with numb feet?

1 MS. AH LOY: Object to the form. Go ahead.

2 MR. HOWE: Well, I can -- I can -- I'll  
3 rephrase that question because that's an important  
4 question. I want to make sure I understand I make  
5 sure you understand my question.

6 THE WITNESS: Uh-huh.

7 BY MR. HOWE:

8 Q. Numb feet. When you were treating Michael  
9 Smith, was that an -- did that -- was that indicative  
10 of any condition to you?

11 A. No, sir. Because he walked in there.

12 Q. Well, I didn't ask you if -- if he walked in  
13 there. What I asked you, is that indic -- You would  
14 agree with me that just because somebody has numb  
15 feet that they can still walk?

16 A. Yes. Yes.

17 Q. When a patient presents themselves with numb  
18 feet, what does that symptom suggest to you could be  
19 wrong with them, based on your skills and experience  
20 as a nurse?

21 MS. AH LOY: I'm going to object to the  
22 form. You can go ahead and answer.

23 MR. HOWE: I'm going to rephrase it one more  
24 time.

25 BY MR. HOWE:

1 feet --

2 A. No, sir.

3 Q. -- being numb? Now, hold on. Hold on.

4 A. That's why I wrote it down.

5 Q. Okay. Did -- Just we kinda talked over each  
6 other there. Did you understand my question?

7 A. Yes, I understand.

8 Q. Okay. At the time that you treated Michael  
9 Smith, after you see somebody for sick call --

10 A. Uh-huh.

11 Q. -- how do you determine whether there's  
12 going to be continuing treatment or how you address  
13 that issue?

14 MS. AH LOY: I'm going to object to the  
15 form, that that was a compound question.

16 MR. HOWE: And I'll rephrase my question.

17 BY MR. HOWE:

18 Q. When -- when you see a patient like Michael  
19 Smith and he presents to you with the symptoms that  
20 you say he had and the symptoms that you say he  
21 had -- excuse me. In your record that's before you,  
22 it says, "Initial complaint: Chest pain."

23 A. Yes.

24 Q. It says, "History of hypertension."

25 A. Yes.

1           **A.**       Yes.

2           **Q.**       How significant was that to you?

3                   MS. AH LOY: Object to the form.

4                   MR. HOWE: Well, I'll rephrase the question.

5   BY MR. HOWE:

6           **Q.**       How -- Based on the fact that he told you  
7   that, what did you do to help him?

8           **A.**       I took his vitals and I notified the  
9   provider.

10          **Q.**       Which provider?

11          **A.**       Michael Smith, the nurse practitioner.

12          **Q.**       Sure. And by the way -- Actually, I'll  
13   withdraw that question.

14                   When you notify a provider that a patient is  
15   having chest pain laying down and the intensity is a  
16   10, is that serious to you? Do you take that as  
17   serious?

18          **A.**       Yes.

19          **Q.**       Do you expect them to take that serious?

20          **A.**       I -- Yes.

21          **Q.**       In that condition, does that warrant a trip  
22   to the hospital?

23          **A.**       Not necessarily.

24          **Q.**       But there are circumstances where it does --

25          **A.**       There are some -- yes.

1           Q.       Hold on a minute. There are circumstances  
2       where it does warrant a trip to the hospital.

3           A.       Yes.

4           Q.       So, how do you determine -- Do you have the  
5       authority, in your position at this time with Turnkey  
6       during the relevant period, to make the call that  
7       Michael Smith go to the hospital?

8           A.       At the time, I have to notify the provider  
9       and get an order to send him. Now --

10          Q.       When --

11          A.       I'm sorry.

12          Q.       I'm sorry. Go ahead. You were going to say  
13       something else.

14          A.       Now, if I absolutely thought it was  
15       necessary, yes. And I've done it before. I will  
16       send them out and then notify the provider.

17          Q.       So, generally speaking, in this case -- or  
18       actually not generally speaking. In this case, are  
19       you saying it was not serious enough for you to  
20       request that he be taken to the hospital without  
21       notifying the provider?

22          A.       Right.

23          Q.       Why?

24          A.       Because his -- It was his blood pressure.  
25       His blood pressure was extremely high, which can

1     cause the chest pain. We do everything we can on  
2     this protocol --

3           Q.     Uh-huh.

4           A.     -- and to get his blood pressure down.

5           Q.     Sure.

6           A.     Once his blood pressure was down, he was  
7     relieved.

8           Q.     But when he was presenting with you on  
9     March 18, 2016, with an intensity level of a 10 and  
10    chest pain that happened when he was laying down and  
11    still present, that's more serious than just saying,  
12    "I have high blood pressure." Would you agree with  
13    me?

14                   MS. AH LOY: Object to the form. You can  
15    answer.

16          Q.     In this condition, wouldn't you agree with  
17    me? That's a very -- I'm not saying what you  
18    necessarily are feeling, but if you're looking at not  
19    only objectively but during your clinical  
20    examination, it's important to take into  
21    consideration subjectively what the patient is  
22    telling you they are feeling. In this case --

23          A.     No.

24          Q.     -- he's telling you it's a 10.

25          A.     Yes.



1 MS. AH LOY: Object to the form. And that  
2 was, like, six questions together in one.

3 Q. But in the case, you did not request that he  
4 go to the hospital or seek an -- you, personally, did  
5 not make the call that -- Let's put it this way. You  
6 did not make a decision on your own to send him to  
7 the hospital.

8 A. No.

9 Q. You -- you felt that in this case, you  
10 needed to notify the provider, who was Nurse Smith.

11 A. Yes.

12 Q. Do you know what Skype is?

13 A. Yes.

14 Q. What is Skype?

15 A. It's, like, video over the computer.

16 Q. Did Nurse Smith use Skype?

17 MS. AH LOY: Object to the form.

18 Q. Do you have knowledge of whether Nurse Smith  
19 actually used Skype?

20 A. No, sir, I don't.

21 Q. You don't?

22 MS. AH LOY: I have to object. Do you mean  
23 with the jail or on his own, personal time?

24 MR. HOWE: I'm saying -- That's fair enough.

25 BY MR. HOWE:

1     you that?

2           **A.**     Yes.

3           **Q.**     Was that -- was the fact that he said he  
4     hadn't had that pain before, did that affect the  
5     way -- the treatment that you provided him on that  
6     day?

7           **A.**     No, sir.

8           **Q.**     Well, what if he had said he had had the  
9     pain before? Would that have played a role in --

10          **A.**     No, sir.

11          **Q.**     It's okay. Let me finish my question.  
12     Would that have played a role in the treatment you  
13     provided him that day?

14          **A.**     No, sir.

15          **Q.**     So, yes or no doesn't matter?

16          **A.**     No.

17          **Q.**     Why not?

18          **A.**     He didn't have no diaphoresis, no sweating.  
19     He didn't have no radiation. He didn't have any  
20     other signs and symptoms but the chest pain.

21          **Q.**     When you say radiation, what are you  
22     referring to? No, no. In your own words. You said  
23     he didn't have any radiation. What does that mean?

24          **A.**     Means that it's not going down his arm to  
25     his back, or he -- he didn't present any other signs

1 and symptoms of a heart attack.

2 Q. So, when you were examining him, were you  
3 thinking that he was at risk for a heart attack?

4 A. Well, he was having chest pains. That's  
5 what this is for.

6 Q. With a pain intensity of 10.

7 A. Right.

8 Q. So, as far as you knew in this condition,  
9 with chest pain and a pain intensity of 10, he could  
10 have had a heart attack and -- In order to send him  
11 to the hospital, would he have had to have the heart  
12 attack and drop and fall to the floor?

13 MS. AH LOY: Object to the form.

14 Q. What would it have taken him in this case  
15 for you to make the call to send him to the hospital?

16 A. It would have took what -- me doing  
17 everything I could do --

18 Q. Okay.

19 A. -- and it still -- him presenting --  
20 presenting the other symptoms, too. I have -- you  
21 know, I have people come in all the time, "I've hurt  
22 my ankle.

23 "Well, what's your pain rate?

24 "It's a 10."

25 I understand what you're saying. I'm just

1 saying I followed my protocol and I -- and he showed  
2 no signs and symptoms of presenting a heart attack,  
3 other than the high blood pressure.

4 Q. In this situation, if we were to change one  
5 fact, where he collapsed onto the floor and began to  
6 suffer cardiac arrest, in that situation would you  
7 have made the call to get him to the hospital?

8 A. Yes.

9 MS. AH LOY: Object to the form. Answer  
10 again so it's audible. Sorry.

11 A. Yes.

12 Q. It also -- So, then we also see numb feet,  
13 but that didn't -- that didn't mean anything to you  
14 at that point? Or let me ask you. The numb feet,  
15 did that affect your treatment of him on that day in  
16 any way?

17 A. No.

18 Q. Ms. Williams --

19 A. Well, I --

20 Q. -- there's -- That's okay. I'm going to  
21 explain something to you. Are you aware that Michael  
22 Smith suffered from Stage IV metastatic cancer to the  
23 bone at the time that he was brought into the county  
24 jail?

25 MS. AH LOY: I'm going to object, inasmuch

1 MS. AH LOY: Object to the form.

2 Q. Would you want to know that?

3 A. Yes.

4 Q. Because, Ms. Williams, I'm not sitting here  
5 today thinking you're a bad person. I believe that  
6 it's your desire to provide the best level of patient  
7 care you can, right?

8 MS. AH LOY: I'm going to have to object,  
9 unless you're willing to stipulate to that fact.

10 MR. HOWE: Stipulate to what?

11 MS. AH LOY: That she is trying her best and  
12 it is her intent to provide the best care possible.

13 MR. HOWE: Well --

14 MS. AH LOY: Because it's an improper  
15 question, unless you are willing to stipulate to it,  
16 then I'll allow it.

17 MR. HOWE: Well, this is the fun lawyer  
18 stuff, so don't worry about it. We'll be fine after  
19 the deposition, promise you.

20 BY MR. HOWE:

21 Q. And also when he presented -- and where it  
22 says at the bottom here, 106/56 on your record --

23 A. Uh-huh.

24 Q. -- what is that referring to?

25 A. That's his blood pressure --

1           Q.       What is -- Go ahead.

2           A.       -- after the clonidine.

3           Q.       After the clonidine?

4           A.       Yes.

5           Q.       When you saw him, can you tell me exact --  
6 I want to make sure I didn't overlook this. When you  
7 treated him, what, exactly, did you do for him?

8           A.       I checked his vitals. His blood pressure  
9 was up, as you can -- I notified the provider --

10          Q.       Nurse Smith?

11          A.       -- Nurse Smith, and he gave me the orders to  
12 give the clonidine, and that's exactly what I did.

13          Q.       How -- for members of the jury and myself,  
14 how is clonidine administered?

15          A.       Orally.

16          Q.       Orally?

17          A.       Yes.

18          Q.       Is it a pill?

19          A.       Yes.

20          Q.       So, when he was there, did you take his  
21 blood pressure before you gave him a clonidine?

22          A.       Yes.

23          Q.       On this record, is it noted what his blood  
24 pressure was before the clonidine?

25          A.       No, but it is on my order that I wrote.

1           **Q.**       So, in order to understand your order where  
2       it says blood pressure, 134/10 -- I'm going to take  
3       you to your next page -- the next page.

4           MS. AH LOY: She doesn't have it.

5           **A.**       I don't have it.

6           MS. AH LOY: You only gave her one page.

7           **Q.**       Okay. Ms. Williams, I'm going to hand you a  
8       document which is part of Exhibit 1, but it's also  
9       marked as TK-019. Does that document include your  
10      writing?

11          **A.**       Yes.

12          **Q.**       Can you tell me which writing is yours?

13          **A.**       The top writing.

14          **Q.**       So, when you say the top writing, are you  
15      referring to there's -- this is -- It states,  
16      "Provider Orders," and it's sectioned off to where it  
17      says, "Date," Time," and the first entry is March 18,  
18      2016, and it says, "1 times clonidine, 0.1  
19      milligrams."

20          **A.**       Yes.

21          **Q.**       Is that the dose of clonidine that you gave  
22      Mr. Smith?

23          **A.**       Yes.

24          **Q.**       Then where it says, "Blood pressure --"  
25      Or what does BP mean?

1           A.     BP, blood pressure.

2           Q.     What are your -- What do those numbers say  
3 right there?

4           A.     134/107.

5           Q.     That's referring to his blood pressure --

6           A.     His blood pressure.

7           Q.     -- reading --

8           A.     Yes.

9           Q.     Where it says "P 70" --

10          A.     Yes.

11          Q.     -- what is that referring to?

12          A.     That's his pulse rate.

13          Q.     And then off to where it says, "Noted by" --

14          A.     Yes.

15          Q.     -- is that your signature?

16          A.     Yes.

17          Q.     And then what are those initials next to it?

18          A.     LPN.

19          Q.     Is that referring to your job title as a  
20 licensed -- Is it licensed practical nurse?

21          A.     Yes.

22          Q.     And then under that, it says, "3 --" Does  
23 that -- what does that say?

24          A.     3-18-16, at 0930.

25          Q.     What does 0930 refer to?



1 writing? I'm sorry. The second column where it  
2 says, "#1 lisinopril."

3 A. No, it's not.

4 Q. Who is that? Do you know whose writing that  
5 is?

6 A. I do not.

7 Q. When you contacted Michael -- Nurse Smith,  
8 when you -- on March 18, 2016, did you ask him  
9 whether Michael Smith -- whether you should do  
10 anything else to Michael Smith in terms of treatment?

11 A. I don't recall what I asked him, honestly.

12 Q. Well, do you recall whether you told him  
13 that this was a serious or non-serious matter --

14 MS. AH LOY: Object to the form.

15 Q. -- the symptoms that Michael Smith, my  
16 client, was being treated for were serious?

17 A. I don't recall. All I -- I know that I --  
18 everything I wrote down, I told -- I explained to  
19 him.

20 Q. Did you tell him you thought he needed to go  
21 to the hospital?

22 A. I don't recall that. I know he was -- I was  
23 told to put him in to see the provider.

24 Q. Well, when you say you were told to put him  
25 in to see the provider, what you're saying is, Did

1     you pers -- I want to make sure I understand. Did  
2     you personally call Michael Smith, Nurse -- Nurse  
3     Smith? Did you do that after this examination --

4         **A.**     I did it during --

5         **Q.**     -- and looking at your notes?

6         **A.**     -- this examination.

7         **Q.**     And his response was to put him on -- What  
8     are you calling it?

9         **A.**     The provider list. He would see him.

10        **Q.**     So, March 8th, 2016, being on a Tuesday --

11            MS. AH LOY: I'm going to have to object.

12     It's March 18th.

13            MR. HOWE: Thank you. Thanks for doing  
14     that.

15     BY MR. HOWE:

16         **Q.**     March 18th was on a Friday. Did -- did  
17     Nurse Smith tell you when he would be back in to  
18     treat patients that were on the sick call list?

19         **A.**     Not that I recall, no.

20         **Q.**     Did you know when he was going to be back in  
21     to treat patients on the sick call list?

22         **A.**     Honestly, I can't remember.

23            MR. HOWE: And -- and that's fair. I don't  
24     want you to guess. We'll go off the record, take a  
25     break to change the tape.

1 saying that there's a closed --

2 Do you know what the term CCTV means?

3 A. No.

4 Q. Okay. Closed circuit television or closed  
5 circuit recording, what it means is, it's a -- it's a  
6 recording from a surveillance system that is  
7 monitored by an outside source, but it's just limited  
8 to the outside source. So, say, for example, you  
9 have a jail that's direct with a camera, what's  
10 called a camera --

11 A. Yes.

12 Q. -- that's able to record what is going on in  
13 that section of whatever -- in that area, so in this  
14 case, the isolation cell --

15 A. Uh-huh.

16 Q. -- and then the feed of that recording, or  
17 where that information is being displayed, is being  
18 sent to another area within the jail where somebody  
19 else can observe and watch what's happening.

20 A. Yes.

21 Q. To your knowledge, was Michael Smith -- did  
22 he make any threats that he was going to hurt  
23 another -- another patient or inmate?

24 A. He made threats that he would throw himself  
25 down the stairs. That's one reason why he was moved

1 down for his safety.

2 Q. Oh, he personally told you that he was --

3 A. Yes.

4 Q. -- going to throw himself down the stairs?

5 A. That was one of the reasons why he was moved  
6 down on -- I don't know what day it was when he  
7 was -- not this day, but the next day he was seen,  
8 he -- he --

9 Q. He was seen by you?

10 A. No.

11 Q. Who was he seen by?

12 A. When he was seen by Cindy.

13 Q. But were you present during that examination  
14 when he said that?

15 A. I was standing there, yes.

16 Q. You were standing there.

17 A. Yes.

18 Q. What is the reason why he told you that he  
19 would throw himself down the stairs?

20 A. Because he wanted to go to the hospital.

21 Q. When he was moved to detox, or this  
22 isolation section --

23 A. Uh-huh.

24 Q. -- of the jail, who made that decision?

25 A. Cindy. We had him moved for his safety down

1     there. She made the decision and had them move him  
2     down there so he can be watched and observed.

3           **Q.**     From the time he was -- and I'm going to  
4     turn your attention -- Have you ever seen, prior to  
5     today, the medical record -- any of the other medical  
6     records prepared by the nursing staff in this case  
7     other than your own records?

8           **A.**     No, just whatever -- No. If it was in his  
9     file, no.

10          **Q.**     Well, when you say his file, what are you  
11     talking about?

12          **A.**     Well, it would be like this (indicating).  
13     We had a file everything went into, his own thing.

14          **Q.**     Before you came here today, have you talked  
15     to -- other than your attorney, Ms. Ah Loy, have you  
16     talked to anyone else -- hold on a minute -- about  
17     your deposition today?

18          **A.**     No, sir.

19          **Q.**     You didn't contact any of the other nurses?

20          **A.**     No, sir.

21          **Q.**     Did you review any documents?

22          **A.**     No, sir.

23          **Q.**     No? So, as we sit here today, have you ever  
24     seen the medical progress note form dated March 25th  
25     of 2016 that was filled out by Cindy Bilyeu?

1           A.     No, sir.

2           Q.     But you're saying that you were present  
3 during the examination that we're referring to?

4           A.     Yes.

5           Q.     Is it the examination on March 25th, 2016?

6           A.     I don't know what date it was.

7           Q.     Well, if that --

8           A.     He was --

9           Q.     Sure.

10          A.     He was brought down to see me, and Cindy  
11 happened to be there that day, so Cindy went ahead  
12 and seen him.

13          Q.     Do you remember who brought him to you?

14          A.     I do not.

15          Q.     Was it Justin Hunnicutt? Does that refresh  
16 your memory?

17          A.     I do not -- I honestly do not know who the  
18 guard was.

19          Q.     And that's okay if you don't know. What was  
20 the reason why that guard brought him to you?

21          A.     I honestly don't really remember why he was  
22 going to be seen that day.

23          Q.     It was serious enough to where his name  
24 wasn't put in the kiosk for sick call, to where a  
25 guard felt it was a imminent situation where he had

1           **A.**       For certain --

2           **Q.**       Uh-huh.

3           **A.**       -- that I recall? No.

4           **Q.**       Can you tell -- can you tell me for certain  
5 whether Nurse Bilyeu asked you any questions about  
6 your previous visit or -- with Michael Smith?

7           **A.**       Not that I can recall, no.

8           **Q.**       So, is it possible that she didn't ask you  
9 about your previous examination of Michael Smith on  
10 March 18th?

11          **A.**       It's possible she did. It's possible she  
12 didn't. I don't really remember.

13          **Q.**       After Michael Smith was sent to an isolation  
14 cell while you were on --

15                   When somebody is sent to an isolation  
16 cell to be -- what was it, from -- either a threat to  
17 themselves, a threat to an inmate or there's -- what  
18 do you call it, a situation in which they need to be  
19 visibly observed?

20          **A.**       Medical observation, mental health  
21 observation.

22          **Q.**       So, in this case, are you saying that he was  
23 sent -- Who decided -- I'm going to withdraw that  
24 question.

25                   Who made the decision that my client,

1 Michael Smith, be sent to an isolation cell?

2 A. Cindy said he needed to go down, and tell  
3 the guards it's for his safety and so we could  
4 monitor him.

5 Q. So, when Michael Smith was in isolation from  
6 March 25th, 2016 --

7 A. Uh-huh.

8 Q. -- until he was released on April 2nd, 2016,  
9 did you monitor him?

10 A. What -- From when he was downstairs?

11 Q. Yes, ma'am.

12 A. No. That he is monitored by the video. If  
13 anything was to go on, they would notify us.

14 Q. And when you say they, who -- who's  
15 respon --

16 A. The --

17 Q. Hold on a minute. Who is they? Who is  
18 responsible for monitoring a patient in isolation?

19 A. Whoever's on main control at the time.

20 Q. Is that Turnkey staff or is that county jail  
21 staff?

22 A. That's jail staff.

23 Q. So when a patient, as in this case, Michael  
24 Smith, is sent to isolation for medical observation,  
25 the jail is the one who monitors them?



1           Q.       Do you recall the very first time you gave  
2 Michael Smith his meds?

3           A.       It would have been this day, is the first  
4 time I gave him meds.

5           Q.       Was he walking then?

6           A.       Yes.

7           Q.       That was on March 18th?

8           A.       Yes.

9           Q.       Do you recall the other days after  
10 March 18th when you would do your med pass before he  
11 was sent into isolation, of how you would give him  
12 his meds, other -- Well, let me -- let me withdraw  
13 that question because there was a lot in there.

14                   Do you recall, from the time you saw Michael  
15 Smith on March 18th of 2016, how many times -- or you  
16 passed med -- you -- he came downstairs for his meds  
17 when he was still walking?

18           A.       I do not.

19           Q.       Do you remember whether Michael was  
20 experiencing -- Oh, no, I'm sorry. This is --  
21 Withdraw that question. I had "BPV," but it's "BP  
22 checks," like blood pressure checks, not benign  
23 position vertigo, right? Okay.

24                   Do you re -- Did it ever -- Did anybody ever  
25 notify you, from March 1st -- or from March 15, 2016,

1           **A.**       No.

2           **Q.**       Can you prescribe medication?

3           **A.**       No.

4           **Q.**       Can you make diagnoses?

5           **A.**       No.

6           **Q.**       Did you believe at any time while Michael  
7       Smith was under your care that he had a serious  
8       medical condition that required immediate  
9       transportation to a hospital?

10          **A.**       No.

11          **Q.**       Did you ever refuse to provide medical care  
12       and treatment to Michael Smith?

13          **A.**       No.

14          **Q.**       Did you witness any other Turnkey provider  
15       refuse to provide medical care and treatment to  
16       Michael Smith?

17          **A.**       No.

18          **Q.**       Do you have any reason to believe that any  
19       Turnkey provider denied care and treatment to Michael  
20       Smith?

21          **A.**       No.

22          **Q.**       Was Turnkey's policy to provide medical care  
23       to inmates?

24          **A.**       Yes.

25          **Q.**       Did Turnkey have any policy that told you to